the MSH bulletin

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Superintendent,
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and
Medical Director

Happy Easter

Dr. Laura Moseng, MSH Staff Psychologist

The Stress-Vulnerability Model of Co-occurring Disorders

There are two specific areas - biological vulnerability and stress - which are influenced by factors that people have choices and some control over. These factors include: alcohol and drug use, medication use, coping skills, social support, and meaningful activities. When these concerns are addressed, people will be better able to reduce symptoms and relapses and work toward a recovery focus for co-occurring disorders.

Alcohol and Drug Use

When alcohol and drugs are used, a person's pre-existing biological vulnerability can increase the potential for psychiatric vulnerability. Substance use and abuse can trigger a psychiatric disorder and lead to increased symptoms and impairments. Persons with co-occurring mental and substance use disorders have a greater biological vulnerability to psychiatric disorders and can be highly sensitive to even small amounts of alcohol and drugs.

Stress

Stressful environments can increase biological vulnerability, worsen symptoms, and create potential for relapse. Stress can be defined as anything that challenges a person, requiring some kind of adaptation. Stress is generally perceived as negative, yet positive events and experiences can also be stressful. Stress can also be caused from not having enough to do or from being bored. When persons with co-occurring disorders have nothing purposeful or interesting to do, they tend to have worse symptoms and are more prone to using drugs and alcohol. So, a lack of meaningful involvement in life can be another source of stress.

Each day we can provide the care our patients need to meet basic needs including medication, exercise, mastery of effective coping skills, development of meaningful activities and interactions to help our patients more ably manage the stressors of having a mental illness and substance abuse concerns. We will continue to explore the stress-vulnerability model of co-occurring disorders.

By Pamela Guthrie, PhD, MSH Staff Psychologist

DBT SKILLS

… and we can do better.

Maybe you've seen this quote before. It is a delightful reminder that no matter how hard we try, we can always get better at coping.

"If you can sit quietly after difficult news; if in financial downturns you remain perfectly calm; if you can see your neighbors travel to fantastic places without a twinge of jealousy; if you can happily eat whatever is put on your plate; if you can fall asleep after a day of running around without a drink or a pill; if you can always find contentment just where you are;

then you are probably a dog."

Jack Kornfield

What is Schizoaffective Disorder?

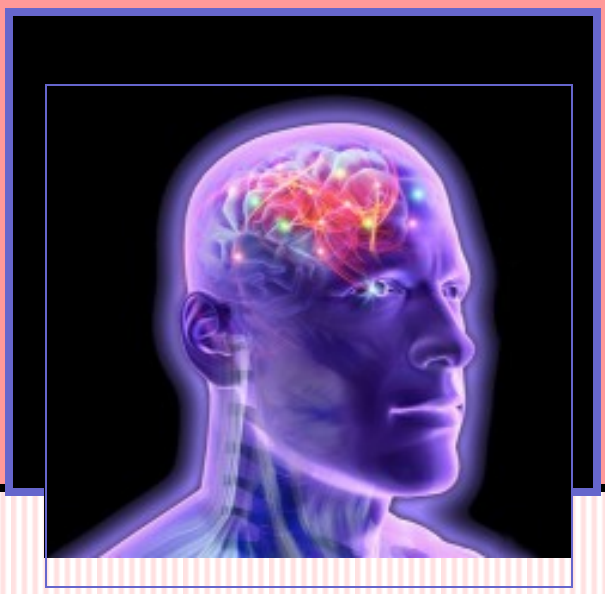
Schizoaffective disorder symptoms vary from person to person. People who have the condition experience psychotic symptoms such as hallucinations or delusions as well as a mood disorder. The mood disorder is either bipolar disorder (bipolar-type schizoaffective disorder) or depression (depressive-type schizoaffective disorder).

Psychotic features and mood disturbances may occur at the same time or may appear on and off interchangeably. The course of schizoaffective disorder usually features cycles of severe symptoms followed by a period of improvement, with less severe symptoms.

Signs and symptoms of schizoaffective disorder may include, among others:

- Delusions-having false, fixed beliefs
- Hallucinations, such as hearing voices
- Major depressed mood episodes
- Possible periods of manic mood or a sudden increase in energy and behavioral displays that are out of character
- Impaired occupational and social functioning
- Problems with cleanliness and physical appearance
- Paranoid thoughts and ideas

The exact cause of schizoaffective disorder is not known. A combination of factors may contribute to its development, such as:



- Genetic links
- Brain chemistry
- Brain development delays or variations
- Exposure in the womb to toxins or viral illness, or even birth complications

Joint Commission Readiness

Mitzi Lawson, Director of Quality Assurance

Joint Commission Readiness

In this article, we will continue to learn more about the Joint Commission - Patient Safety Systems (PS) chapter. This chapter is intended to help all health care workers understand the relationship between Joint Commission accreditation and patient safety.

The intent of the "Patient Safety Systems" (PS) chapter is to provide health care organizations with a proactive approach to designing or re-designing a patient-centered system that aims to improve quality of care and patient safety, an approach that aligns with The Joint Commission's mission and its standards.

Key Terms to Understand:

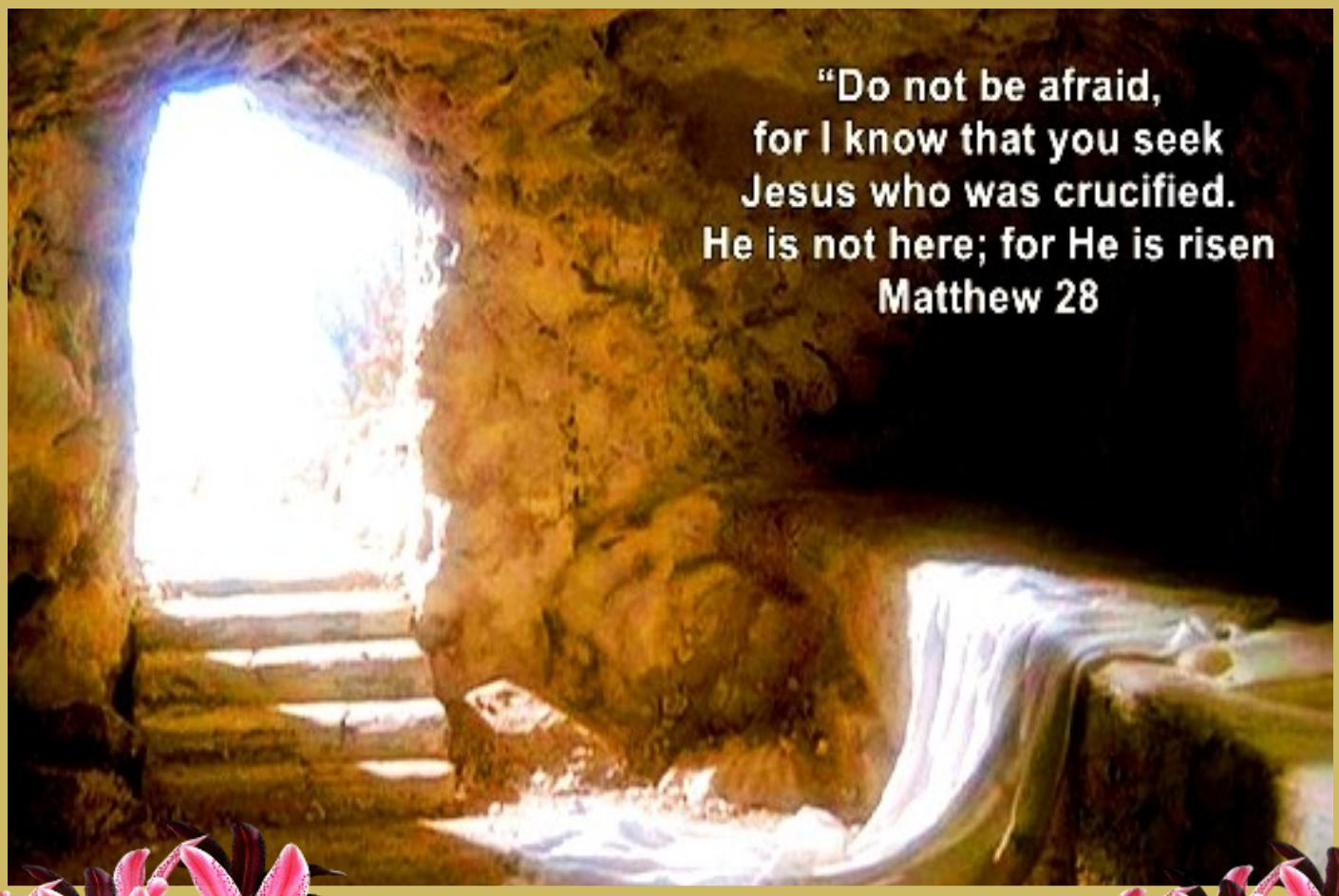
- ***Patient safety event****:* An event, incident, or condition that could have resulted or did result in harm to a patient.
- ***Adverse event:*** A patient safety event that resulted in harm to a patient.
- ***Sentinel event:*** A subcategory of Adverse Events, a Sentinel Event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:
  - Death
  - Permanent harm
  - Severe temporary harm
- ***Close call*** (or "*near miss*", "no harm", or "*good catch*"): A patient safety event that did not cause harm as defined by the term *sentinel event.*
- ***Hazardous*** (or "*unsafe*") ***condition(s):*** A circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event.

The need for sustainable improvement in patient safety and the quality of care has never been greater. One of the fundamental steps to achieving and sustaining this improvement is to become a learning organization. A *learning organization* is one in which people learn continuously, thereby enhancing their capabilities to create and innovate. In a learning organization, patient safety events are seen as opportunities for learning and improvement. In order to become a learning organization, a hospital must have a fair and just safety culture, a strong reporting system, and a commitment to put that data to work by driving improvement. Leaders, staff, and patients in a learning organization realize that *every* patient safety event (from close calls to events that cause major harm to patients) must be reported. When patient safety events are continuously reported, the hospital can define the problem, identify solutions, achieve sustainable results, and disseminate the changes or lessons learned to the rest of the hospital. In a learning organization, the hospital provides staff with information regarding improvements based on reported concerns. This helps foster trust that encourages further reporting.

At MSH, we strive to assure that we are a *learning organization,* where we use all data and events to learn to improve our patient safety culture. Without staff reports of safety issues, this is not possible. Ongoing revisions to policies, procedures and practices within the hospital help us to maintain a safe environment for our patients, staff and visitors.

The Chaplain's Pen

MSH Chaplain, Howie Cutshall, M.A.



Congratulations to Dr. Guthrie!

She has completed all the requirements for certification as a

Sex Offender Treatment Professional

IATP

International Association of Trauma Professionals

Welcome New Employees!

From left to right:

J.D. Tackett, BHRA

Scott Oldaker , LPN

Julia Young, BHRA

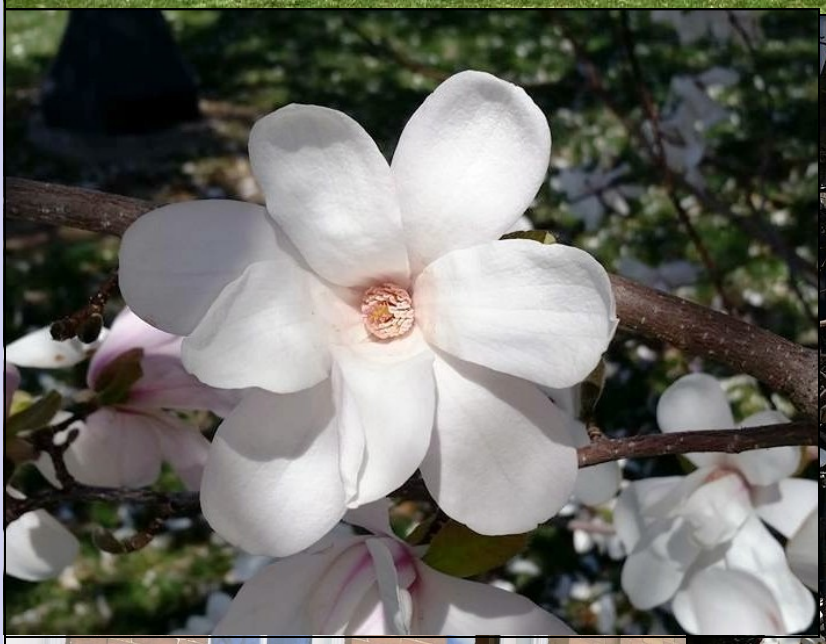
Shantel Courtney, Sec. 4

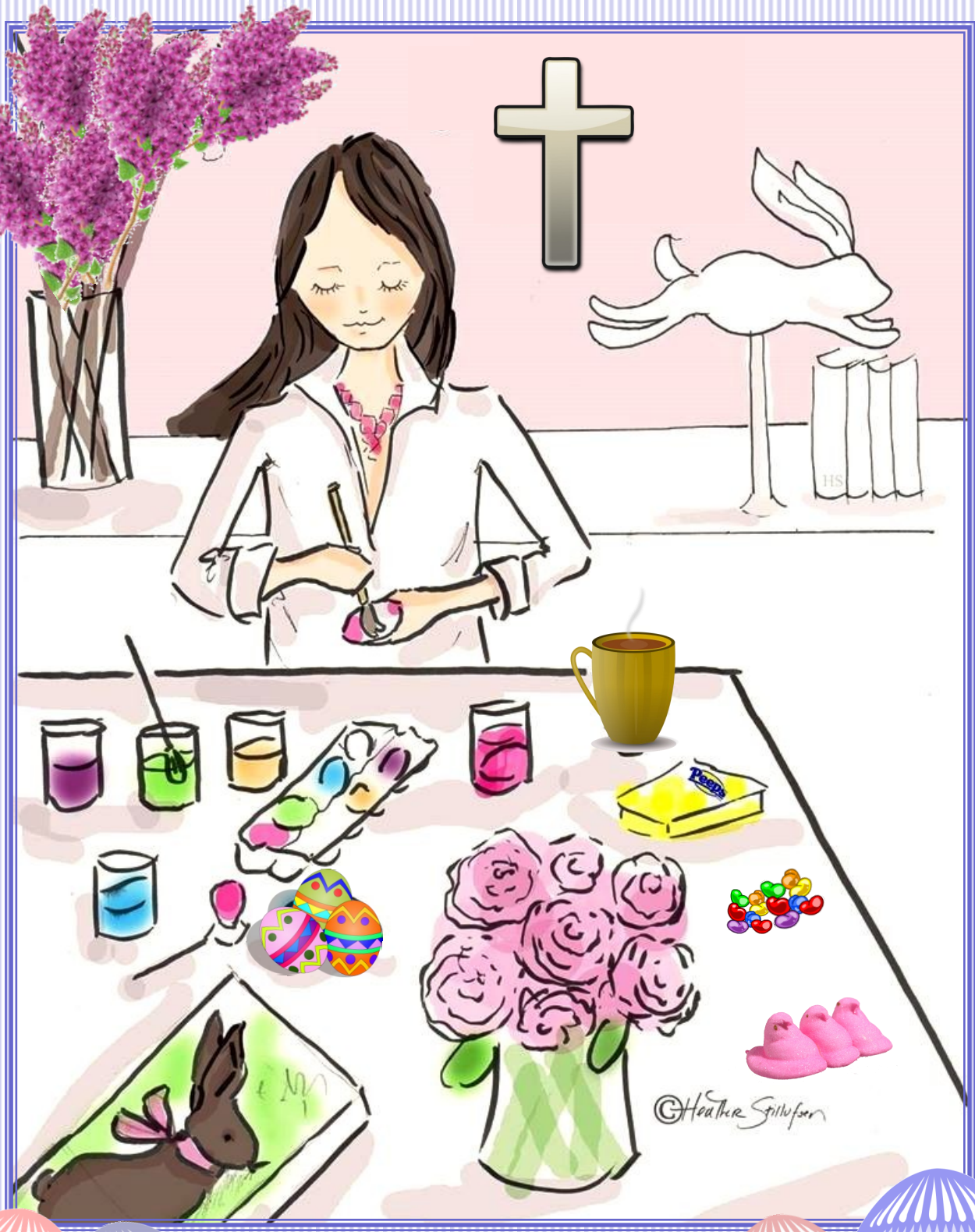
Chelsea Wicker, BHRA

Shelby Hartwell, BHRA

MSH In Bloom!

Diana Keith, MSH Programs/ Projects Director shared beautiful spring photos she took of the front lawn last week.





Easter Traditions

The Madisonians Band

Entertain the patients at MSH!
March 14, 2016

- Brook Reindollar – trumpet & vocal
- Charlie Schnabel – saxophone & vocal
- Bill Kindle – trombone
- Austin Dixon – saxophone
- Alex Dixon – trumpet
- Carrie Reindollar – saxophone & vocal
- Larry Wickersham – piano
- Matt Marsh – bass
- Tim Beitzel – drums

Thanks to Toni Olberding, RT, for arranging this wonderful event!

The Indiana Tobacco Quitline is an evidence-based intervention.

The Indiana Tobacco Quitline 1-800-QUIT-NOW (800-784-8669) is a free phone-based counseling service that helps Indiana tobacco users quit. Funded by the Indiana Tobacco Prevention and Cessation Agency, the Indiana Tobacco Quitline offers experienced professional Quit Coaches® trained in cognitive behavioral therapy.

Health care providers and employers who utilize the Quitline's fax referral system experience a quick and efficient way to refer their patients and employees for help with quitting tobacco. The fax referral system provides:

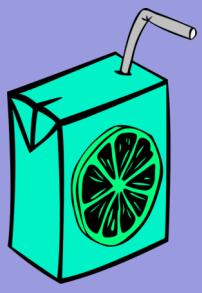
- Intensive counseling options often not feasible in a busy clinic environment or available at a worksite
- A brief, easy to use form
- An initial call made by the Quit Coach™ instead of the tobacco user

Reminder!

The Grand Piano in the Auditorium is not to be moved, or unplugged due to tuning issues and temperature controls. Thank you!

Please <u>empty</u> your cups of liquids before throwing them into the trash receptacles. Housekeeping would greatly appreciate it.

Thanks!



Big Brothers/Big Sisters of Jefferson County

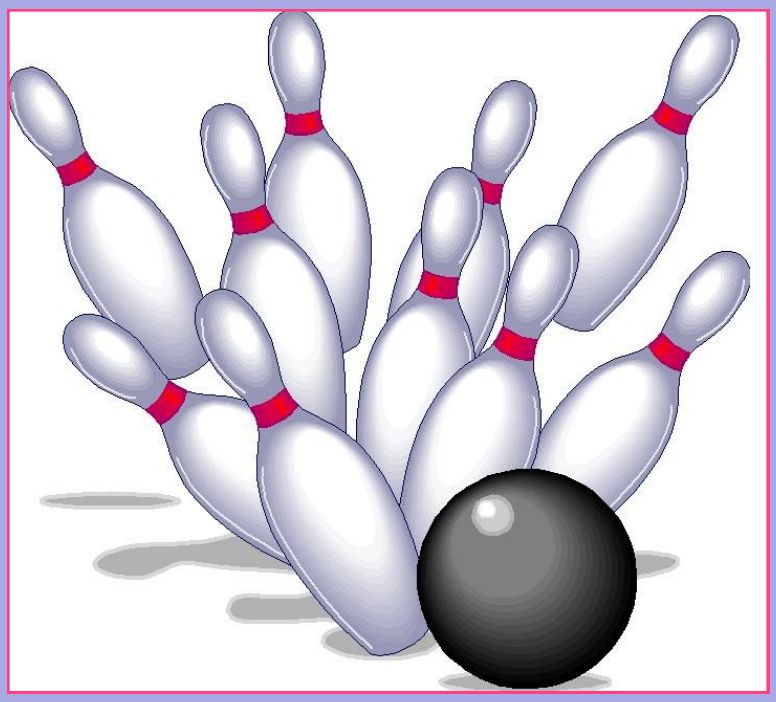
Bowl For Kids' Sake 'bowl-a-thon'

will be held on Saturday, April 16, 2016
at Ten Pin Alley Bowling Center.

Madison State Hospital has 2 teams that are participating in this event!

Teams include:

- **Kathie Albus**
- **Bert Fitzgerald**
- **Kim Sexton**
- **Brent Adams**
- **Alicia Greene**
- **Wilbert Lowe**
- **Desna Ratcliff**
- **A.J. Mistry**
- **Toni Olberding**
- **Ricky Winters**



*** For information on this event please contact Kathie Albus.**

Proceeds benefit Big Brothers/Big Sisters of Jefferson County, a non-profit organization that provides one-to-one mentoring friendships between eligible local children and adult volunteers.

Classic Coconut Pie

Ingredients:

- 1 cup sweetened flaked coconut
- 3 cups half-and-half
- 2 eggs, beaten
- 3/4 cup white sugar
- 1/2 cup all-purpose flour
- 1/4 teaspoon salt
- 1 teaspoon vanilla extract
- 1 (9 inch) pie shell, baked
- 1 cup frozen whipped topping, thawed

Directions:

1. Preheat oven to 350 degrees.
2. Spread the coconut on a baking sheet and bake it, stirring occasionally, until golden brown, about 5 minutes.
3. In a medium saucepan, combine the half-and-half, eggs, sugar, flour and salt and mix well. Bring to a boil over low heat, stirring constantly. Remove the pan from the heat, and stir in 3/4 cup of the toasted coconut and the vanilla extract. Reserve the remaining coconut to top the pie.
4. Pour the filling into the pie shell and chill until firm, about 4 hours.
5. Top with whipped topping and with the reserved coconut.

Parents, Take Heed!

Your Kids Copy Your Heart Health Habits

Study found that when a caregiver was obese or had a heart risk factor, children often followed suit.

By Robert Preidt

TUESDAY, March 1, 2016 (HealthDay News) -- If you eat poorly and exercise rarely, it's highly likely that your kids will adopt at least some of these bad habits, endangering their hearts. That's the finding from new research involving nearly 1,500 children, aged 8 to 16, and 1,020 of their adult care-givers.

The study, to be presented Tuesday at a meeting of the American Heart Association in Phoenix, found that kids often take after their **parents or other caregivers** when it comes to unhealthy habits that then raise the odds for obesity, high blood pressure, high blood sugar and high cholesterol.

"Although there is clearly a genetic component to heart disease, this study demonstrates how risk factors are often ***learned lifestyle behaviors***, and occur from how kids are taught to live," said Dr. Suzanne Steinbaum.

"Heart disease needs to be looked at as a true family issue, and intervention needs to take place within the behaviors of the home."

And when caregivers had at least one cardiovascular risk factor, children in their homes were twice as likely to also have a cardiovascular risk factor, compared to children with healthier caregivers.

"Cardiovascular disease -- which is truly a lifestyle disease -- is a problem that affects the family, as behavior is often emulated and passed down from caregiver to their children," Steinbaum added.

"The study data makes the case for having more nutrition education programs that target families, particularly families with adults who have metabolic risk factors," said Pamela Koch. "With good, quality nutrition education there is the opportunity to reverse these trends and help all children to be able to grow into adults who can stay free of preventable metabolic diseases and have increased quality of life and reduced medical costs".